14. D.--111 C... of more toan one child at birth, a SEPAKATE RETURN must be ...ade for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH	NA STATE BOARD OF HEALTH
County of	VITAL STATISTICS State Index No
District of ORIGINAL CE	RTIFICATE OF B IRTH Co. Registrar's No. $\mathcal{T}\Omega \Phi$
N4	Local Registrar's No.
Town of Manne	
City of (No	Ward)
FULL NAME OF CHILD Charles Weidy If child is not named, make Supplemental Report on blank	obtainable from local registrar. Born YES
Sov of Twin, Number	2 Legiti- mate? 46.2 Date of Birth 28 192 Month Day Yr.
Full FATHER Name harles Frederick anderson	Full Mother Mother Maiden Hertride Elmer
Residence Miani, Chizara	Residence Miami, Oris Color Age at last
Color or Race Age at tast Birthday Years	or Race While Birthday Years
Birthplace Panguich Utah	Birthplace For Thuras aris
Occupation Miner	Husenafe
Number of child of this Mother & Number of Children, of this mother, now live	ing 2 Were precautions taken against Ophthalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
CERTIFICATE OF ATTEMPT	id; and that it occurred on 128, at/OA-M.
I hereby certify that I attended the birth of the above con	d he day has 10
*When there is no attending physi- cian or midwife. then the householder should make this return.	Signature
Given or Christian name added from a	Address Mianu Mis
supplemental report191_ Filed	1920 AL REGISTRAR.
315-228-759 Filed Mu	A True Copy COUNTY REGISTRAR